



STATE OF CONNECTICUT  
Department of Public Safety  
Division of State Police  
DPS-90-C (Rev. 07/02)

CRIMINAL INFORMATION SUMMARY

TROOP / UNIT: C OTHER INVOLVED AGENCY:  No  Yes, Stamford PD Page 1 of 2

Date: 5-2-04 Time: 0444 Investigating Officer: TPR. MURPHY #824 DPS Case Number: 021963

Location of Incident (Street Name & City/Town Only): I-95 F/R Exit 2

Summary of Incident or Affidavit:  Arrest Made  Under Investigation  
Troop C was advised by Stamford PD that a male has reported being struck by gunshots on I-95. The victim reported that he was a passenger in a car in Port Chester. He stated he got into a verbal confrontation at a traffic light near the bar with occupants of a silver vehicle. The silver vehicle followed the victim's vehicle onto I-95 F/R by the Exit 2 ramp in Greenwich. The silver vehicle then passed the victim's vehicle. The left rear passenger of the

Victim: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS)  
Juvenile:  Yes  No Age: \_\_\_\_\_ Injured:  Yes  No Gender:  Male  Female

Individual Name / Business / Agency: Romer Giron - DRIVER INJURIES TO BOTH HANDS / FINGER

Victim's Address: (Town/City & State Only)  
Stamford CT

Arrested: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS)  
Juvenile(s) Involved:  Yes  No

NAME: \_\_\_\_\_ Charges: 1) \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ 2) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ 3) \_\_\_\_\_  
Gender:  Male  Female 4) \_\_\_\_\_  
Injured:  No  Yes Hospital:  No  Yes, \_\_\_\_\_ Ambulance:  No  Yes  
Bond:  Surety, \$ \_\_\_\_\_  Cash, \$ \_\_\_\_\_  Non-Surety  Promise to Appear  Not Posted  
 Transferred to Dept. of Corrections @ \_\_\_\_\_  
Court: GA# \_\_\_\_\_ Town: \_\_\_\_\_ Court Date: \_\_\_\_\_

NAME: \_\_\_\_\_ Charges: 1) \_\_\_\_\_  
D.O.B.: \_\_\_\_\_ 2) \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ 3) \_\_\_\_\_  
Gender:  Male  Female 4) \_\_\_\_\_  
Injured:  No  Yes Hospital:  No  Yes, \_\_\_\_\_ Ambulance:  No  Yes  
Bond:  Surety, \$ \_\_\_\_\_  Cash, \$ \_\_\_\_\_  Non-Surety  Promise to Appear  Not Posted  
 Transferred to Dept. of Corrections @ \_\_\_\_\_  
Court: GA# \_\_\_\_\_ Town: \_\_\_\_\_ Court Date: \_\_\_\_\_

Supervisor's Approval Required:  
Print Name: Scott Brown Signature: [Signature] Date: 5/2/04



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### CRIMINAL INFORMATION SUMMARY

TROOP / UNIT: \_\_\_\_\_ OTHER INVOLVED AGENCY:  No  Yes, \_\_\_\_\_ Page 2 of 2

Date	Time	Investigating Officer	DPS Case Number <u>DPS-04-07-2463</u>
Location of Incident (Street Name & City/Town Only):			<u>021963</u>
Summary of Incident or Affidavit:		<input type="checkbox"/> Arrest Made <input type="checkbox"/> Under Investigation	
<u>Silver vehicle rolled down his window &amp; fired several gunshots. The victim was hit in both hands &amp; his right arm. The passenger received fragment wounds to his left leg. The victim drove himself to Stamford Hospital.</u>			
Victim: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS) Juvenile: <input type="checkbox"/> Yes <input type="checkbox"/> No Age: _____ Injured: <input type="checkbox"/> Yes <input type="checkbox"/> No Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Individual Name / Business / Agency: <u>Neonics Juvenile = PRESS FRAGMENT WOUNDS</u>			
Victim's Address: (Town/City & State Only) <u>Stamford CT</u>			
Arrested: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS) Juvenile(s) Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No			
NAME: _____	D.O.B.: _____	ADDRESS: _____	Charges: 1) _____ 2) _____ 3) _____ 4) _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Ambulance: <input type="checkbox"/> No <input type="checkbox"/> Yes
Bond: <input type="checkbox"/> Surety, \$ _____ <input type="checkbox"/> Cash, \$ _____ <input type="checkbox"/> Non-Surety <input type="checkbox"/> Promise to Appear <input type="checkbox"/> Not Posted <input type="checkbox"/> Transferred to Dept. of Corrections @ _____			
Court: GA# _____	Town: _____	Court Date: _____	
NAME: _____	D.O.B.: _____	ADDRESS: _____	Charges: 1) _____ 2) _____ 3) _____ 4) _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	Hospital: <input type="checkbox"/> No <input type="checkbox"/> Yes, _____	Ambulance: <input type="checkbox"/> No <input type="checkbox"/> Yes
Bond: <input type="checkbox"/> Surety, \$ _____ <input type="checkbox"/> Cash, \$ _____ <input type="checkbox"/> Non-Surety <input type="checkbox"/> Promise to Appear <input type="checkbox"/> Not Posted <input type="checkbox"/> Transferred to Dept. of Corrections @ _____			
Court: GA# _____	Town: _____	Court Date: _____	
Supervisor's Approval Required: Print Name: <u>Sgt. [Signature]</u> Signature: <u>[Signature]</u> Date: <u>5/4/04</u>			
This information is being released to the public in compliance with Freedom of Information Laws. For additional information on Major Crimes or Arrests, contact the Connecticut State Police Public Information Office Phone: 860-685-8230 Fax: 860-685-8301			